

AMENDMENT TRANSMITTAL LETTER				Docket No. 3430-0154P																																											
Application No 09/741,045-Conf. #5517		Filing Date December 21, 2000		Examiner T. V. Duong																																											
Art Unit 2871																																															
Applicant(s): Sung-Kon KIM																																															
Invention: BACK LIGHT DEVICE AND LIQUID CRYSTAL DISPLAY DEVICE HAVING THE SAME																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th style="text-align: center;">Claims Remaining After Amendment</th> <th style="text-align: center;">Highest Number Previously Paid</th> <th style="text-align: center;">Number Extra Claims Present</th> <th style="text-align: center;">Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">17</td> <td style="text-align: center;">- 21 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50 00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">- 5 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200 00</td> <td style="text-align: center;">0 00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. </p> <p> <input checked="" type="checkbox"/> Credit any overpayment </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Esther H. Chong Attorney Reg. No : 40,953 </div> <div style="text-align: right;"> Dated: <u>February 21, 2007</u> </div> </div> <p style="margin-top: 20px;"> BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 </p>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	17	- 21 =	0	x 50 00	0.00	Independent Claims	5	- 5 =	0	x 200 00	0 00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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